

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

AMENDMENT TRANSMITTAL

Applicants: Kenneth B. Stokoe, Josee Morissette

Examiner: A. Beckerleg

Serial No.: 09/376,317

Group Art Unit: 1632

Filed: August 18, 1999

Docket: P-3569.01 Continuation

Title: SYSTEM AND METHOD FOR GENETICALLY TREATING CARDIAC CONDUCTION DISTURBANCE

CERTIFICATE OF MAILING UNDER 37 CFR 1.8: I hereby certify that this **Amendment Transmittal** and the paper(s), as described herein, are being deposited in the U.S. Postal Service, as first class mail, addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231 on this 31 day of August, 2001.

 Juanita I. Trauffer

Assistant Director for Patents and Trademarks
 Box Amendment
 Washington, D.C. 20231

Sir:

We are transmitting herewith the attached:

- ☒ Amendment Transmittal
☒ Reply under 37 CFR 111 and Amendment under 37 CFR 1.121
☒ Clean version of the amended claims
☒ Marked-up version of the claims
☒ Return Postcard

FEE CALCULATION

CLAIM AMENDMENT(S)	Claims Remaining After Amendment	Highest Number Previously Paid For	Add'l Claims	Rate	Fee
Total Claims	25 -	45 =		x 18	\$00.00
Independent Claims	4 -	6 =		x 80	\$00.00
Multiple Dependent Claims	No			+ 270	\$
TOTAL					\$00.00

☒ Applicant hereby petitions for a 4 month extension of time in the prior application. If an additional extension of time is required, please consider this a petition therefor;

☒ Charge Deposit Account No. 13-2546 the sum of \$1,390.00

— \$240.00 pursuant to 37 CFR §1.97(c) without 37 CFR §1.97(e) certification

☒ Please charge any additional fees or credits to Deposit Account No. 13-2546 which may have been overlooked on this Amendment Transmittal with regard to this filing. A duplicate of this transmittal is enclosed.

☒ Applicant believes that no extension of term is required. However, if an extension of time is required, please consider this a petition therefor to provide for the possibility that applicant has inadvertently overlooked the need for an extension of time.

Date

August 31, 2001

 Kenneth J. Collier
 Reg. No. 34,982
 MEDTRONIC, INC.

710 Medtronic Parkway Northeast
 Minneapolis, Minnesota 55432-5604
 Telephone: (763) 505-2521

09/06/2001 TBESHAH1 00000124 132546 09376317

01 FC:118 1390.00 CH

Adjustment date: 04/02/2002 AKELLEY
 09/06/2001 TBESHAH1 00000124 132546 09376317
 01 FC:118 1390.00 CR

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 P.2.

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>3/23/02</u>		2 Serial/Patent # <u>09/376,317</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
<input checked="" type="checkbox"/>	Extension of Time	9	9/4/01	\$1112.00							
	Notice of Appeal/Appeal	9	9/4/01	\$1390							
	Petition			\$							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
<input checked="" type="checkbox"/>	Other <u>RCE</u>	14		\$740.00							
		7 TOTAL AMOUNT OF REFUND		\$2180.00							
10 REASON:		8 TO BE REFUNDED BY:									
	Overpayment	<input type="checkbox"/> Treasury Check									
	Duplicate Payment	<input checked="" type="checkbox"/> Credit Deposit A/C #:									
		9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"> <tr> <td>1</td><td>3</td><td>--</td><td>2</td><td>5</td><td>4</td><td>6</td> </tr> </table>			1	3	--	2	5	4	6
1	3	--	2	5	4	6					
<input checked="" type="checkbox"/>	No Fee Due (Explanation):										
EXTENSION OF TIME MAXIMUM EXPIRED											
RCE NO VALID SUBMISSION											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>CHARLEMA GRANT</u> TITLE: <u>ATTORNEY</u>											
SIGNATURE: <u>Charlma Grant</u> PHONE: <u>806-0251</u>											
OFFICE: <u>Pittsburgh</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u>Chas Kelly</u> DATE: <u>4-2-02</u>											

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B